

Recommended Adult Immunization Schedule, by Vaccine and Age Group

UNITED STATES • OCTOBER 2006–SEPTEMBER 2007

| Vaccine ▼ | Age group ► | 19–49 years | 50–64 years | ≥65 years |
|---|-------------|---------------------------------------|----------------------|-----------|
| Tetanus, diphtheria, pertussis (Td/Tdap)* | | 1 dose Td booster every 10 yrs | | |
| | | Substitute 1 dose of Tdap for Td | | |
| Human papillomavirus (HPV) | | 3 doses (females) | | |
| Measles, mumps, rubella (MMR)* | | 1 or 2 doses | 1 dose | |
| Varicella* | | 2 doses (0, 4–8 wks) | 2 doses (0, 4–8 wks) | |
| Influenza* | | 1 dose annually | 1 dose annually | |
| Pneumococcal (polysaccharide) | | 1–2 doses | | 1 dose |
| Hepatitis A* | | 2 doses (0, 6–12 mos, or 0, 6–18 mos) | | |
| Hepatitis B* | | 3 doses (0, 1–2, 4–6 mos) | | |
| Meningococcal | | 1 or more doses | | |

*Covered by the Vaccine Injury Compensation Program.



For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)



Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

This schedule indicates the recommended age groups and medical indications for routine administration of currently licensed vaccines for persons aged ≥19 years, as of October 1, 2006. Licensed combination vaccines may be used whenever any components of the combination are indicated and when the vaccine's other components are not contraindicated. For detailed recommendations on all vaccines, including those used primarily for travelers or that are issued during the year, consult the manufacturers' package inserts and the complete statements from the Advisory Committee on Immunization Practices (www.cdc.gov/nip/publications/acip-list.html).

Report all clinically significant postvaccination reactions to the Vaccine Adverse Event Reporting System (VAERS). Reporting forms and instructions on filing a VAERS report are available at www.vaers.hhs.gov or by telephone, 800-822-7967.

Information on how to file a Vaccine Injury Compensation Program claim is available at www.hrsa.gov/vaccinecompensation or by telephone, 800-338-2382. To file a claim for vaccine injury, contact the U.S. Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005; telephone, 202-357-6400.

Additional information about the vaccines in this schedule and contraindications for vaccination is also available at www.cdc.gov/nip or from the CDC-INFO Contact Center at 800-CDC-INFO (800-232-4636) in English and Spanish, 24 hours a day, 7 days a week.

Recommended Adult Immunization Schedule, by Vaccine and Medical and Other Indications

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| Indication ► | Pregnancy | Congenital immunodeficiency, leukemia, lymphoma, generalized malignancy, cerebrospinal fluid leaks, therapy with alkylating agents, antimetabolites, radiation, or high-dose, long-term corticosteroids | Diabetes, heart disease, chronic pulmonary disease, chronic alcoholism | Asplenia (including elective splenectomy and terminal complement component deficiencies) | Chronic liver disease, recipients of clotting factor concentrates | Kidney failure, end-stage renal disease, recipients of hemodialysis | Human immunodeficiency virus (HIV) infection | Healthcare workers |
|---|--|---|--|--|---|---|--|--------------------|
| Vaccine ▼ | | | | | | | | |
| Tetanus, diphtheria, pertussis (Td/Tdap)* | 1 dose Td booster every 10 yrs Substitute 1 dose of Tdap for Td | | | | | | | |
| Human papillomavirus (HPV) | 3 doses for women through age 26 yrs (0, 2, 6 mos) | | | | | | | |
| Measles, mumps, rubella (MMR)* | | | 1 or 2 doses | | | | | |
| Varicella* | | | 2 doses (0, 4–8 wks) | | | | | 2 doses |
| Influenza* | 1 dose annually | | | 1 dose annually | 1 dose annually | | | |
| Pneumococcal (polysaccharide) | 1–2 doses | 1–2 doses | | | | | | 1–2 doses |
| Hepatitis A* | 2 doses (0, 6–12 mos, or 0, 6–18 mos) | | | | 2 doses | 2 doses (0, 6–12 mos, or 0, 6–18 mos) | | |
| Hepatitis B* | 3 doses (0, 1–2, 4–6 mos) | | | | 3 doses (0, 1–2, 4–6 mos) | | | |
| Meningococcal | 1 dose | | | 1 dose | 1 dose | | | |

*Covered by the Vaccine Injury Compensation Program.

For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack documentation of vaccination or have no evidence of prior infection)

Recommended if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications)

Contraindicated

Approved by
the Advisory Committee on Immunization Practices,
the American College of Obstetricians and Gynecologists,
the American Academy of Family Physicians,
and the American College of Physicians



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

